



TWO WHEEL VIEW

Registration Form (Bike Club / Earn-a-Bike Programs)

Please complete all information on BOTH PAGES of this Registration Form. Please print CLEARLY.

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|--|--------------------------------|
| Registration date: Month _____ Day _____ Year _____ | Program Location: _____ |
| First Name of Youth participant: _____ | Last Name: _____ |
| Date of birth: Month _____ Day _____ Year _____ | Age: _____ |

| | |
|-------------------------------------|-----------------------------------|
| Address: _____ | City & Province: _____ |
| _____ | Postal code: _____ |
| Youth's cell number: _____ | |
| Youth's email address: _____ | |

Terms and Conditions

Two Wheel View ("Two Wheel View – Calgary" or "TWV") is based in Calgary, Alberta, Canada. TWV will make every reasonable effort to ascertain that: the TWV staff and volunteers ("leaders") are fully trained and qualified; participants under the age of 18 will be adequately supervised; and any equipment made available by TWV or used in an activity has been inspected and is deemed to be appropriate, safe, and well maintained.

TWV expects participants to be enthusiastic, cooperative and appreciative of the opportunities afforded to them through our program. Activities sometimes operate under difficult and challenging conditions and TWV expects participants to be cooperative and attentive at all times. The use of illegal drugs, tobacco, and underage consumption of alcohol is strictly forbidden.

In consideration for the services of TWV, its employees, leaders, officers, agents, and volunteers (including but not limited to school districts, municipalities, churches, clubs, campgrounds, sponsors, chaperones, local guides and any employee, their heirs, administrators, agents or associates thereof), collectively referred to herein as "TWV", I, on behalf of myself and/or as the parent or guardian of the minor child participating in the TWV activity, and our heirs, agree as follows:

I understand and am aware that bicycle mechanics and riding a bicycle on and off road including mountain biking and related activities including, among others, use of tools, equipment such as camp stoves, campfires, knives, tents, and bicycles (referred to herein as "Activity"), and transportation to and from such Activity, are HAZARDOUS ACTIVITIES involving INHERENT AND OTHER RISKS of injury to any and all parts of the body. I further understand that injuries in the Activity are a COMMON AND ORDINARY OCCURRENCE, and I have made a voluntary choice for myself and/or the minor child registered to ACCEPT AND ASSUME ALL RISKS OF INJURY OR DEATH that might be associated with or result from this Activity. I understand that TWV reserves the right to remove any participant at any time without any refund if the applicant violates any law, deviates from the program or trip itinerary, endangers the lives of other participants or their own life, or consistently disregards leader's instructions.

I recognize that medical or dental care may be necessary for me and/or my minor child. I AUTHORIZE TWV and LEADER(S) TO RENDER FIRST AID OR EMERGENCY CARE, within the scope of the certification of the leader(s). I agree to notify the leader, and consent to and permit emergency medical treatment. In addition, I authorize TWV to call for medical or dental care for myself and/or my minor child if, in the opinion of TWV, medical or dental care is needed.

I hereby release and discharge TWV from any and all liability, causes of action, suits, debts, contracts, agreements, claims and demands whatsoever as a result of my participation in a TWV Activity. I further agree not to make a claim or sue for injuries or damages relating to this Activity, even if caused by negligence. I understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full legal force and effect. I agree that no oral representations, statements or inducements apart from this Agreement have been made.

I Give My Permission to Allow

| | |
|---|--|
| Two Wheel View to conduct surveys for program evaluation. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Two Wheel View to contact me by email to provide program updates, newsletters and events. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Two Wheel View to use my name, photographs, motion pictures, recordings, evaluations or any other record of my participation in a TWV program(s) for any promotional purposes, without obligation or liability to me. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I have read and understand the information above and I certify my compliance by signing this Agreement.

Signature of participant

Name of participant (print)

Signature of parent or guardian of minor

Date

FOIP Statement: This information is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP) Section 33(c) for the purpose of program evaluation and planning. The data will not be shared beyond Two Wheel View – Calgary and The City of Calgary and the agencies that collected it, where it will be aggregated, analyzed and reported. Completion of demographic and survey data is voluntary. If you have any questions about the use of the information, please contact The City of Calgary FCSS at 403-268-5151 and a Social Planner will return your call. *Registration Form 29052017*

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Family's Information:

Parent / Guardian name(s): _____
Home phone: _____ Mobile phone: _____
Parent / guardian email address: _____

Participant (Youth) Health Information

Dietary restrictions or allergies: No Yes, please describe: _____

List all medical or health conditions of which TWV should be aware or which may affect the participant's ability to participate in activities (such as allergies, asthma, heart disease, mental health, diabetes). _____

Emergency Contacts *Please provide two contacts.*

Name _____ Relationship _____

Phone _____ email _____

Name _____ Relationship _____

Phone _____ email _____

Additional Notes

For more information, please contact
Two Wheel View
#101, 1725 10th AVE SW - Calgary, AB T3C 0K1
SCAN/E-MAIL: info@twowheelview.org
Telephone: (403) 744-5443